

An Essay
on
PARTURITION

Respectfully Submitted to the
Faculty of the Homoeopathic Medical
College of Pennsylvania

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On the whole - sensible.
Some words are divided wrong at the end of the lines.
" errors in grammar

In writing upon this subject I commence with the act of bringing forth (Labor) not that I think the Anatomy, or the mechanism of the parts of Generation is of minor importance. For it is an evident fact to every reflective mind that without a thorough knowledge of the structure of the organs of generation, the relation of each component part, one would be entirely disqualified for the practice of his profession. But whilst I am describing the various acts and stages of Labor, and the parts brought into requisition to accomplish the expulsion of the foetus, they will be in part described. The duties of an Obstetrician are so prompt and urgent that immediate action is requisite to

turn away the fatal stroke a few moments or hours at most may seal the fate of a human being if not of two, whereas in other departments of practice there may be time for reflection and study, but not so in Midwifery acting promptly & correctly is the only safe path to tread in.

The student should not enter upon his profession without some preparation of the mind as to the peculiarity of his calling, for there are many ^{both} of the laity and of the Profession who think the relation between man and woman does not admit of such a close intimacy as must necessarily exist who think this part of the Profession should be confined to the more gentler

sex; the male Accoucheur, being looked upon as a suspicious individual owing to his peculiar calling. Therefore admitting the fact ~~the~~ that the surgeon Accoucheur is a necessary person in a community in the present state of society he should conduct himself with propriety and circumspection, he could on all occasions cultivate secrecy, for he is made the depository of many things which would not be his, no not the tenth part, but for his profession. Above all he should avoid acquiring the name of a ^ttatter. No woman can be necessitated to call upon the Accoucheur at those times of her greatest peril without wounding her

modesty, therefore if she be treated as a being worthy of respectable consideration it will tend much towards, repaying her for her sacrifice. "Labor is the process by which the contents of the womb are expelled" which generally takes place about two hundred and eighty days after the last catamenial show, or the one hundred and fortieth day after quickening^{en}, though this is not an invariable rule, for some do not go so long, while others go much longer. Not long since I attended a woman in her confinement who said she had counted correctly, and that she had ^gan ten months, more over the child at birth bears no relative size to

the length of time. But as a general rule the periods are as above stated when the womb is relieved of its contents by the unassisted efforts of nature by the contractions of the fibers of the womb and of the abdominal muscles in a short or longer time according to the power employed, or the resistance to be over come, in about four hours, though some are delivered in half an hour from the commencement of the first pain to the completion, though others are known to be in labor from five to nine days. As the os uteri is closed during pregnancy, it must be sufficiently dilated, also that of the vagina and the vulva, the resistance which

Some times is so great will account for the delay often in delivery.

The contractions of the fibers of the womb is the essential feature of labor, the dilating pains consist in this, the fundus and body of the womb contract, and the presenting part of the child is pressed against the circle of the os uteri, thus it is slowly striped up over the head, body and legs of the child untill it is wholly delivered. The cause of the commencement of labor is not yet satisfactorily ascertained, yet it is pretty evident that labor commences because the os uteri will bear no further extension. In the beginning of pregnancy the fundus and body of the womb are only

occupied, but as the foetus continues to grow, a larger space is required and the cervix begins to expand the foetus still continuing to increase the os uteri also expands and there being a contest between the retentive powers of the os and the expulsive powers of the fundus, the os gradually losing its retentive power is overcome, and yields a free passage to the child, then the mouth gradually returns to its normal gravid state, which before the expulsion was about twelve inches large and six wide. The term of utero-gestation being completed, a few days before labor commences there will be a sinking or a subsidence of the

womb into the excavation, which causes the woman to have the appearance of being much smaller, which is caused by the abdominal muscles and diaphragm, which have pushed it down into the excavation. There is as yet no contracting of the fibers of the womb, it being only passive. This subsiding of the womb is looked upon as the approaching of labor, when the os uteri will bear no further extension, yields to its antagonistic muscles, and labor commences. Also a few days before labor commences there is an augmentation of the secretions of the vagina and os uteri. They become more viscid mixed with blood, some times a clear show of

blood, the labia become swollen, vulva more dilatable and contractile, with increased vascular action and appears to be preparing by increased secretion of its mucous membranes, by the ductility of its fibers which acts such an important part in effecting a speedy transit for the child.

The contractions of the womb take place at large intervals at the commencement, but shorter as the labor advances, the pains may last from, ten, fifteen, twenty to forty seconds the duration of the pains is longer as the interval grows shorter. At the commencement of Labor the pains occur every half hour, fifteen, ten, five

and even every minute or two
untill the contents of the womb
are expelled. The woman may ex
perience some pain during the
intervall of the contractions of the
womb, from a morbid sensibili
ty of the parts, I have seen an
attended woman that a light
pressure of the hand upon the
abdomen gave them pain but
this is rare, but as a general rule
they are free of pain between the
contractions of the womb. The pains
which are felt at the onset of
labor, are caused by the resistance
of the os uteri and cervix and not
in the fundus and body of the
womb, if the woman be asked
where she has pain she will sit

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you to the region immediately
above the os uteri, and as the os uteri
opens, the head descends the pain
is felt lower, when it gets quite
low down the effects upon the
rectum and bladder may be
easily inferred. The rectum is now
evacuated, if it has not been before
and this sensation to go to stool
will indicate the stage of labor
and the advancement of the
head, when the head begins to
put the vulva upon the stretch
the pain is indisscribable, compared
to no other pain. The effect of
the pain upon the mind and
constitution are very striking.
In the commencement of labor
during the pains of dilatation

or grinding pain she is fleetful, nervous and has the most gloomy foreboding, but as the dilating pains terminate or the os uteri is fully open, she becomes more resolute and determined, she goes to work with the most dogged resolution, as one having a task to perform, resolving to accomplish it as soon as possible.

She bears the more severe expulsive pains much more readily than the dilating ones. The actions of the woman will indicate pretty nearly to an experienced eye the stage of Labor. During the stage of dilatation, her efforts are confined to grasping, squeezing of every thing she takes hold of and

gives out her breath more freely.
 But when the expulsive pains
 begin she not only grasps every
 thing in her reach, but pulls at
 it with all her might or strength,
 in the last stage of Labor she has
 violent ~~terrestriality~~, with her own
 efforts she appears as if she would
 thrust every thing from her, if
 now she be told to desist, as it is of
~~time~~ necessary she is scarcely able to
 obey. But in the first stage of Labor
 if she be told to bear down she
 will be unable to do so, which
 is a beautiful provision of nature
 for it does no good, but on the
 other hand it exhausts the patient.
 The abdominal muscles aid materi-
 ally the womb in its expulsive effort.

and are practically at the command of the will at first, but not so at the termination of the last stage. Being called to a woman who is said to be in labor, we first merely take her own statement, and that of her nurse, and by observing her conduct, before we address ourselves in a more particular manner, but the only sure sign we can have is by the touch or an examination per vaginam which if it is open ever so little and the membranes rendered tense during a pain and the abdomen heard we may conclude that labor has commenced. I was called to attend a woman last winter said to be in labor, who had pains at

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certain intervals and she affirmed
that they were pain similar to
those she experienced in giving
birth to her former children
having got her consent I made an
examination per vaginam, and
found the os uteri closed and
no effect upon the membranes when
she had pain, having observed
the os a while longer I
announced ^{to} the woman that labor
had not commenced yet, gave
her some medicine the Rheum-
atic pains ceased and she was free
of pain nine days, when she sent
for me again; in about four hours
after labor commenced she was
delivered of a healthy son that
weighed twelve pounds; in a natural

and comparatively easy labor. The manner of touching or examining and its objects; the patient's assent being obtained, she should recline upon her couch near the foot, about eighteen inches from the side or edge upon her left side with her knees drawn up towards her abdomen and a pillow placed between them. Some unctuous substance with which to anoint the fingers. The examination should never be performed, but in the presence of a third person, we should have two principal objects in view in making the examination, first to ascertain the presenting part and position, but the position can not always

be ascertained untill the rupturing of the membranes, but there are also other things to ascertain, such as the situation of the os uteri, the relative dryness and sensitiveness of the parts and the degree of softness or laxativeness &c. &c. We should avoid the index finger of the right hand, then wait untill a sharp pain comes on, then introduce the finger, in a flexed form pressing upon the posterior commissure, passing up along the posterior walls of the vagina, where the degree of dilatation of the os uteri can be ascertained, then wait untill the pain is gone off, then we make the exploration. We introduce the finger during the pain but make

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the examination after the pains are
gone off, for fear of rupturing the
membranes, which would be easily
done when they are rendered tense,
this would produce a bad effect
upon the Labor especially if it be a
first labor. The os uteri being dilated
to its full extent the bag of waters being
driven down, so that they can bear
no further resistance they give
way, burst and the liquor escapes
by a gush, then as soon as practicable
there should be an examination, when
the position can be fully ascertained
the lowest point felt will be the ver-
tex, for the vertex must dip to enter
the large canal. Now if the finger
be firmly pressed against the head
a suture will be felt upon it being

traced if it meet two other sutures,
 and only two, meeting at a small
 triangular soft place betwixt it
 it is the vertex, if it be towards
 the left acetabulum not against
 it, it will be in the first position,
 if towards the right it is in the sec
 ond and if behind the pubis it is
 in the third position; but if upon
 finding a suture, and it meet three
 others with a large quadrangular
 membranous or soft space between,
 it is the anterior fontanel and if
 towards the ~~right~~ left acetabulum
 it is in the fourth, if towards the right
 it is in the fifth, and if behind the
 oss pubis it is in the sixth position.
 When the head is flexed we have a ver
 tex, when the chin leaves the chest or

best we have a face presentation.
 The regular manner in which Labor
 pains occur has long been a subject
 of speculative controversy, as yet we
 are no nigher the solution of the
 phenomena than when the discuss-
 ion commenced. The contractile pro-
 perties of the womb are greatly delayed
 or checked by the too great distention
 of the womb, by twins or tripling,
 or an unusual amount of liquor
 Amnii, which puts the fibers too much
 on a stretch, thus prevents their
 contracting; when this is the case it
 may be aided by the early rupturing
 the membranes, thus permitting the
 waters to run off, this should not
 be done without a very good reason
 especially in first Labors.

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In a Labor pain the whole womb contracts, but all the parts do not commence at the same time, it may commence in the fundus or in the cervix, but no part of the womb contracts while a mother part dilates though it is true during a pain that the fundus contracts largest in a Labor pain, than that of the cervix, and that the cervix is more dilated in the latter half of the pain, therefore if a woman is told to bear down, she should do so in the latter part of the pain. The Labor may progress very regular and uniformly to a certain point, then without any apparent cause may cease. therefore we should be very cautious in giving our prognosis in a matter so uncertain.

Near the close of labor by the contractions of the fundus and corpus of the uterus has driven the head into the cervix or clear through the os uteri, and with the aid of the abdominal muscles the womb with its whole contents are driven down wards, at this stage the fundus is much nearer the os uteri about four inches whereas at the commencement it was about twelve inches from it, and thus by a few more contractions the child is expelled from the womb, now there is nothing remaining but the placenta and membranes with some ounces of blood and water, if the placenta is ^{not} already detached from the surface of the womb, it will be by a few more pains which

by its superficies being so much less
and the after birth is thrust into
the vagina. Except in some mor-
bid growths caused by slight inflamma-
tion, and thus causing the non-
contraction of some of the fibers of a
wound, and thus producing the
hæmorrhagic contraction. But it
does not happen that even all nat-
ural labors terminate so favorable
as that I have just been describing.
It so happens, from what cause
we can not tell, that about one
case in forty five or fifty that the
breach presents, the cases where the
feet or knees descend first were origi-
nally presenting with the pelvis and
that the feet or knees have come down
are nearly accidents.